

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEARCH NO. <i>61423946</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
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47						
48						
49						
50						
TOTAL IND.	2		1			
TOTAL DEP.	6		9			
TOTAL CLAIMS	10		10			

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			